DATENT ADDITION SEC DESCRIPTION								Application/or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective January 1, 2003							ORD		09		30,	166
				FILED - PART I				MALL	ENTITY		OTHE	R THAN
	TOTAL CLAIM	S	· (Colun	· (Column 1) (Column 2)				TYPE		OF	SMALL	ENTITY
 								RATE	FEE		RATE	FEE
FOR			NUMBE	NUMBER FILED		MBER EXTRA		BASIC FI	EE 375.0	OF	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			, n	minus 20=		···	X\$ 9			OF	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		•		X42:		1-	1	\	
MULTIPLE DEPENDENT CLAIM PR			PRESENT				-		┪──	HOR	7.042	
•	If the difference	e in column 1 is	s less than	less than zero, enter "0" in column 2			L	+140=		OR	+280=	<u></u>
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	· L	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								CEEALI	. ENTITY		OTHER	
X	17	CLAIMS		HIGH	ST	(Column 3)	<u>י</u>	SWALL		OR 7	SMALL	,
AMENDMENT	10	REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	- 21	Minus	# 2	1	=)		X\$ 9=		OR	X\$18=	
	Independent	1.2	Minus ***		<u></u>	=		X42=	1	1	X84=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-		 	OR		
							Ľ	+140=		OR	+280=	
							ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
V	T	(Column 1) CLAIMS	1	(Colum HIGHE		(Column 3)	_					
AMENDMENT	2	REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 21	Minus	" 2	4	= /	>	(\$ 9=	ſ	OR	X\$18=	
AME	Independent	NTATION OF MI	Minus	1 *** 3	N A144	= /	7	(42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								140=		1 I	+280= /	
								TOTAL		OR	TOTAL	
	•	(Column 1)		(0 -1		10. 1 = 1	ADD	IT. FEE	L	OR ,	ODIT. FEE	
υ l		CLAIMS	· · · · · ·	(Column HIGHES		(Column 3)						
MENT		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	SLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	drk "		5	X	\$ 9=	TEE_		X\$18=	FEE .
N N	Independent		Minus	***		=	-			OR		
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT C	LAIM		X	42=		OR	X84=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
IL	the "Highest Nun	nber Previously Pain nber Previously Pain ber Previously Paid	d For" IN THIS d For" IN THIS	S SPACE is le	es than	20, enter "20."	ADDI	TOTAL T. FEE	COOriate have	OR A	TOTAL DOIT. FEE	